

Foster Family Home - Corrective Action Report

Provider ID: 1-560525

Home Name: Leilanie Frazee, CNA

94-480 Palai Street

Waipahu

HI 96797

Review ID: 1-560525-6

Reviewer: David Ayling

Begin Date: 7/12/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 7/12/19. Corrective Action Report issued during home inspection with all items due to CTA by 8/12/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - No current eCrim for CG #3. Expired on 5/26/19.

David Ayling
Compliance Manager

Leilani A. R.
Primary Care Giver

7/12/19
Date

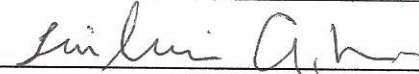
7/12/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: **Leilanie Frazee**

CCFFH Address: **94-480 Palai St., Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	I received a current ecrim from CG #3 and place it in my CCFFH binder.	8/30/2019	I put the expiration date for ecrim for all CG's on my calendar. I will look at my calendar every month.

Primary Caregiver's Signature: 

Print Name: **Leilanie Frazee**

Date of Signature: **8/30/19**